| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 2 | 7/9/01 |
| FORMALITY REVIEW | TH | 1118 | 8-15-01 |
| RESPONSE FORMALITY REVIEW | M.D. | 625 | 03-05-02 |

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| — | (Through numeral)... Canceled | | A | ................................ Appeal |
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| Claim (Final / Original) | Date | Claim (Final / Original) | Date | Claim (Final / Original) | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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